|   |  |   | •                                      |  | Application or Docket Number |                                 |       |                    |                        |          |  |                        |
|---|--|---|--|--|------------------------------|---------------------------------|-------|--------------------|------------------------|----------|--|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO   |  |   |  |  |                              |                                 |       |                    | 701                    | 181      | 076  | 1                      |
| _   | <del></del>                                    |   | Zen                                    | 7  | 2198-                        | CRI                             |       |                    |                        |          |  |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |  |  |                              |                                 |       | SMALL<br>TYPE      | ENTITY                 | OR       |  | THAN ENTITY            |
| T   | OTÁL CLAIMS                                    | S<br>                                       | 8                                      |  |                              | •                               |       | RATE               | FEE                    | 7        | RATE   | FEE                    |
| FOR   |  |   | NUMBER FILED . NUM                     |  |                              | BER EXTRA                       |       | BASIC FE           | 385.00                 | OF       | BASIC FEE                                    | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | \( \int \text{minus 20= } \text{* } \d |  |                              | D                               |       | X\$ 9=             |                        | OR       | X\$18=                                       |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 = °                            |  |                              | 0                               |       | X43=               | 1                      | OR       | Yes  |                        |
| ML  | JLTIPLE DEPE                                   | NDENT CLAIM P                               | RESENT                                 |  |                              |                                 | 145   |                    |                        |          |  |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |  |                              | ,                               | +145= | 100                | OR                     | <u> </u> | <u> </u>                                     |                        |
| CLAIMS AS AMENDED - PART II   |  |   |  |  |                              |                                 |       | TOTAL              | נאט                    | OR       | •  | 21100                  |
| (Column 1) (Column 2) (Column 3)  |  |   |  |  |                              |                                 |       | SWALL              | ENTITY                 | OR       | other<br>Small                               |                        |
| ITA   |  | CLAIMS REMAINING AFTER AMENDMENT            |  | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR |                              | PRESENT                         |       | RATE               | ADDI-<br>TIONAL        |          | RATE   | ADDI-<br>TIONAL        |
| AMENDMENT A   |  |   |  |  |                              |                                 |       |                    | FEE                    | 4        |  | FEE                    |
| S   | Total  | 1.13  | Minus                                  | 1-5  | ,                            | <u>- O</u>                      |       | X\$ 9=             |                        | OR       | X\$18=                                       |                        |
| <b>W</b> W  | Independent                                    | NITATION OF MI                              | Minus =   =                            |  |                              |                                 |       | X43=               |                        | OR       | X86=   |                        |
|   | THOTPALOL                                      | STATION OF MIC                              | DETIFEE DE                             | PENOEN                                     | CLAIN                        |                                 |       | +145=              |                        | OR       | ÷290=  |                        |
|   |  |   |  |  |                              |                                 | L     | TOTAL              |                        | OR       | TOTAL  |                        |
|   |  | (Column 1)                                  |  | (Colum                                     | ın 2)                        | (Column 3)                      | А     | DDIT. FEE          | <u> </u>               |          | ADDIT. FEE                                   |                        |
| 0   | CLAIMS<br>REMAINING                            |   | 1                                      |  | EST                          |                                 | ľ     | <del></del>        | ADDI-                  | 7 1      |  | ADDI-                  |
|   |  | AFTER<br>AMENDMENT                          |  | PREVIO                                     |                              | PRESENT<br>EXTRA                |       | RATE               | TIONAL<br>FEE          |          | RATE   | TIONAL                 |
| AMENDMENT   |  |   |  | PAID F                                     | OR                           |                                 |       |                    |                        |          | <u>.                                    </u> | FEE                    |
|   | Total  | ٠ .   | Minus                                  | 00   |                              | =                               |       | X\$ 9=             |                        | OR       | X\$18=                                       |                        |
| A B   | Independent                                    | NTATION OF MU                               | Minus                                  | OOO  | CI AING                      | <u> </u>                        |       | X43=               |                        | OR       | X86=   |                        |
|   | , more ricon                                   | THE PROPERTY OF THE                         | LISPEE DEF                             | CIADEIAL                                   | JUPAINI<br>                  |                                 |       | +145=              |                        | OR       | ÷290=  |                        |
|   |  |   |  |  |                              |                                 | Ar    | TOTAL<br>DDIT. FEE | ·                      | OR       | TOTAL<br>ADDIT, FEE                          |                        |
|   |  | (Column 1)                                  |  | (Columi                                    | n:2)                         | (Column 3)                      | .~    |                    |                        |          | ADDIT. PECO                                  | •                      |
| 5   | 6  | CLAIMS                                      |  |  | HIGHESY                      |                                 | _     | <del></del>        | 450                    | 3 17     |  | 0000                   |
| NOMENT  |  | Remaining<br>After<br>Amendment             |  | PREVIOU<br>PAID FO                         | JSLY                         | PRESENT<br>EXTRA                |       | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE   | ADDI-<br>TIONAL<br>FEE |
|   | Total  | 0   | Winus                                  | 00   |                              | =                               |       | X\$ 9=             | ,,,,,                  | OR       | X\$18=                                       |                        |
|   | Independent                                    | ٠ .   | Minus                                  | 000  |                              | =                               | -     |                    |                        |          | {  |                        |
| 8   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |                              |                                 |       | X43=               |                        | OR       | X86=   |                        |
| • 11  | the getting lie and an                         | on 1 ic loss than "                         |  |  | <b></b>                      | - •                             | _     | 145=               |                        | OR       | +290=  | •                      |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" tN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE |  |   |  |  |                              |                                 |       |                    |                        | OR       | TOTAL<br>ODIT.FEE                            |                        |
| 1   | me "mignest Num<br>ne "Highest Numi            | nber Previously Paid<br>bar Previously Paid | For (Total or                          | 5 SPACE is I<br>Independent                | ess than<br>i) is the        | 3, enter *3.*<br>highest number |       | _                  | propriate box          |          |  |                        |